2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H44647** Feb 26, 2000 8:00 am 1. Entity Name Secretary of State POWELL BROTHERS BARGE TERMINAL, INC. 02-26-2000 90068 031 ***150.00 Principal Place of Business Mailing Address P.O. BOX 14550 760 TAYLOR RD FT. LAUDERDALE FL 33302-4550 DANIA FL 33004 1.0325570 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2509403 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWELL, J. S. III Street Address (P.O. Box Number is Not Acceptable) **760 TAYLOR ROAD** FT. LAUDERDALE FL 33304 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VSD ☐ Change Addition ☐ Delete TITLE TITLE POWELL, R.O. NAME 760 TAYLOR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** PTD Change Addition Delete TITLE POWELL, J.S. III NAME NAME STREET ADDRESS 760 TAYLOR RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/200

(454) 923-1302

CR2E034 (9/99